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PAT & TRADE

Applicant(s)	Mark Anthony Howard	TRANSMITTAL FORM UNDER 37 CFR 1.8 (LARGE ENTITY)
Serial No.	10/724,336	
Filing Date	November 29, 2003	
Confirmation No.	9977	
Examiner Name	Lincoln D. Donovan	
Group Art Unit	2832	
Attorney Docket No.	142.009US01	
Title: SENSING APPARATUS AND METHOD		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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FEE

ONLY

Enclosures

The following documents are enclosed:

☒ An Amendment and Response Under 37 CFR 1.111 (18 pgs.) including the Appendix (Figures 6 and 7) (4 sheets).

☒ A Petition for Extension of Time (1 pg.).

☒ Credit Card Payment Form (PTO-2038) for the petition fee (1 pg.).

Please charge any additional fees or credit any overpayments to Deposit Account No. 502432.

Submitted By

Name	Laura A. Ryan	Reg. No.	49,055	Telephone	(612) 332-4720
Signature	<i>Laura A. Ryan</i>	Date	October 24, 2005		

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Certificate of Mailing

I certify that this correspondence, and the documents identified above, are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 24, 2005.

Name	Elizabeth A. Bauer	Signature	<i>Elizabeth A. Bauer</i>
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10/724336

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	10/26/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	43	Minus	** 43 = -
Independent	7	Minus	*** 6 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	200
+360=	
TOTAL ADDIT. FEE	200

PAID

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	